

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400108818

COMPLETED INTERVAL REPORT

The completed interval report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-23069-00
6. County: WELD
7. Well Name: THORNTON
Well Number: 44-5
8. Location: QtrQtr: SESE Section: 5 Township: 5N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 11/01/2006 Date of First Production this formation: 11/04/2006
Perforations Top: 7160 Bottom: 7184 No. Holes: 96 Hole size:

Provide a brief summary of the formation treatment: Open Hole:
Codell recomplete 11/1/06

This formation is commingled with another formation: Yes No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

FORMATION: J-CODELL Status: PRODUCING

Treatment Date: 10/28/2006 Date of First Production this formation: 11/04/2006

Perforations Top: 7160 Bottom: 7656 No. Holes: 192 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Codell and J Sand are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/21/2006 Hours: 24 Bbls oil: 25 Mcf Gas: 181 Bbls H2O: 26

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 181 Bbls H2O: 26 GOR: 7240

Test Method: Flowing Casing PSI: 800 Tubing PSI: 380 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1223 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7119 Tbg setting date: 09/18/2006 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: COMMINGLED

Treatment Date: 11/01/2006 Date of First Production this formation: 11/04/2006

Perforations Top: 7632 Bottom: 7656 No. Holes: 96 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

The J Sand is producing through a Smith aluminum flow through plug
J sand was W.O. sales line after being frac'd 8/10/06 until Codell recomplete 11/1/06.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
This form 5A is an adjustment of Doc #2034094 dated 05/05/08 and Doc #s 1966403 & 1966404 dated 02/07/07.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____